

Exhibit 3

Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Department of the Treasury
Internal Revenue Service(77)

G The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.

C
 WYCKOFF HEIGHTS MEDICAL CENTER
 374 STOCKHOLM STREET
 BROOKLYN, NY 11237

D Employer Identification Number

11-1631837

E Telephone number

(718) 963-7330

F Accounting method:

☐ Cash☒ Accrual☐ Other (specify) G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt
 charitable trusts must attach a completed Schedule A
 (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates. G

H (c) Are all affiliates included? ... ☐ Yes ☐ No
(If 'No,' attach a list. See instructions.)H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. . . G

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: G HTTP://WWW.WYCKOFFHOSPITAL.ORG

J Organization type
(check only one)G ☒ 501(c) 3 H (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 292,441,855.

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds.	1a		
b Direct public support (not included on line 1a).	1b		
c Indirect public support (not included on line 1a).	1c		
d Government contributions (grants) (not included on line 1a).	1d	5,355,267.	
e Total (add lines 1a through 1d) (cash \$ 5,355,267. noncash \$)	1e		5,355,267.
2 Program service revenue including government fees and contracts (from Part VII, line 93).	2		262,196,019.
3 Membership dues and assessments.	3		
4 Interest on savings and temporary cash investments.	4		
5 Dividends and interest from securities.	5		913,756.
6a Gross rents.	6a	45,330.	
b Less: rental expenses.	6b		
c Net rental income or (loss). Subtract line 6b from line 6a.	6c		45,330.
7 Other investment income (describe G)	7		
8a Gross amount from sales of assets other than inventory.	(A) Securities		(B) Other
b Less: cost or other basis and sales expenses.	8a		
c Gain or (loss) (attach schedule).	8b		
d Net gain or (loss). Combine line 8c, columns (A) and (B).	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here. G <input type="checkbox"/>	8d		
a Gross revenue (not including \$ of contributions reported on line 1b).	9a		
b Less: direct expenses other than fundraising expenses.	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a.	9c		
10a Gross sales of inventory, less returns and allowances.	10a		
b Less: cost of goods sold.	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.	10c		
11 Other revenue (from Part VII, line 103).	11		23,931,483.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.	12		292,441,855.
13 Program services (from line 44, column (B)).	13		264,632,339.
14 Management and general (from line 44, column (C)).	14		40,572,995.
15 Fundraising (from line 44, column (D)).	15		
16 Payments to affiliates (attach schedule).	16		
17 Total expenses. Add lines 16 and 44, column (A).	17		305,205,334.
18 Excess or (deficit) for the year. Subtract line 17 from line 12.	18		-12,763,479.
19 Net assets or fund balances at beginning of year (from line 73, column (A)).	19		-50,159,958.
20 Other changes in net assets or fund balances (attach explanation).	20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21		-62,923,437.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part I Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here... <input type="checkbox"/> G	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here... <input type="checkbox"/> G	22b			
23 Specific assistance to individuals (attach schedule).....	23			
24 Benefits paid to or for members (attach schedule).....	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	1,127,456.	962,296.	165,160.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	106,192,632.	90,636,654.	15,555,978.
27 Pension plan contributions not included on lines 25a, b, and c.....	27	6,903,249.	5,892,004.	1,011,245.
28 Employee benefits not included on lines 25a - 27.....	28	16,452,098.	14,042,058.	2,410,040.
29 Payroll taxes.....	29	8,263,058.	7,052,617.	1,210,441.
30 Professional fundraising fees.....	30			
31 Accounting fees.....	31	382,658.	326,603.	56,055.
32 Legal fees.....	32	928,221.	792,247.	135,974.
33 Supplies.....	33	7,532,672.	6,429,224.	1,103,448.
34 Telephone.....	34	1,195,362.	1,020,255.	175,107.
35 Postage and shipping.....	35	191,916.	163,803.	28,113.
36 Occupancy.....	36			
37 Equipment rental and maintenance.....	37	2,835,194.	2,419,871.	415,323.
38 Printing and publications.....	38	580,830.	495,745.	85,085.
39 Travel.....	39	153,609.	131,107.	22,502.
40 Conferences, conventions, and meetings.....	40	62,539.	53,378.	9,161.
41 Interest.....	41	7,158,365.	6,109,748.	1,048,617.
42 Depreciation, depletion, etc (attach schedule).....	42	13,697,328.	11,690,830.	2,006,498.
43 Other expenses not covered above (itemize): a SEE STATEMENT 1.....	43a	131,548,147.	116,413,899.	15,134,248.
b.....	43b			
c.....	43c			
d.....	43d			
e.....	43e			
f.....	43f			
g.....	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	305,205,334.	264,632,339.	40,572,995.

Joint Costs. Check ☐ If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... ☐ Yes ☒ No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G ACUTE CARE HOSPITAL

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a THE MEDICAL CENTER PROVIDES INPATIENT, CLINIC, AND EMERGENCY SERVICES TO VARIOUS COMMUNITIES IN BROOKLYN AND QUEENS, NEW YORK.

(Grants and allocations \$) If this amount includes foreign grants, check here G ☐

264,632,339.

b

(Grants and allocations \$) If this amount includes foreign grants, check here G ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here G ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here G ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here G ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) G 264,632,339.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	6,350.	45	6,425.
46	Savings and temporary cash investments	473,717.	46	6,322,942.
47a	Accounts receivable.....	47a 161,843,748.		
b	Less: allowance for doubtful accounts	47b 121,706,401.	47c	40,137,347.
48a	Pledges receivable.....	48a	48c	
b	Less: allowance for doubtful accounts	48b		
49	Grants receivable.....	2,816,332.	49	1,997,701.
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule).....		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)	51a	51c	
b	Less: allowance for doubtful accounts	51b		
52	Inventories for sale or use	3,447,305.	52	4,098,882.
53	Prepaid expenses and deferred charges	2,064,803.	53	2,925,430.
54a	Investments - publicly-traded securities... STMT. 2... G <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	123,633.	54a	130,020.
b	Investments - other securities (attach sch)..... G <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments - land, buildings, & equipment: basis	55a	55c	
b	Less: accumulated depreciation (attach schedule)	55b		
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	57a 253,665,424.		
b	Less: accumulated depreciation (attach schedule)	57b 169,892,709.	57c	83,772,715.
58	Other assets, including program-related investments (describe G <u>SEE STATEMENT 4</u>)	28,310,580.	58	34,647,187.
59	Total assets (must equal line 74). Add lines 45 through 58	176,881,625.	59	174,038,649.
60	Accounts payable and accrued expenses	47,158,158.	60	41,151,523.
61	Grants payable		61	
62	Deferred revenue		62	8,211,597.
63	Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
64a	Tax-exempt bond liabilities (attach schedule)	115,120,000.	64a	110,065,000.
b	Mortgages and other notes payable (attach schedule)	7,194,299.	64b	8,272,701.
65	Other liabilities (describe G <u>SEE STATEMENT 7</u>)	57,569,126.	65	69,261,265.
66	Total liabilities. Add lines 60 through 65	227,041,583.	66	236,962,086.
67	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	-50,159,958.	67	-62,923,437.
68	Temporarily restricted		68	
69	Permanently restricted		69	
70	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-50,159,958.	73	-62,923,437.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	176,881,625.	74	174,038,649.

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members.....	85c	N/A
d	Section 162(e) lobbying and political expenditures.....	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities.....	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.....	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G 0 ; section 4912 G 0 ; section 4955 G 0.....		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....	G	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.....	G	0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.....	89g	X
90 a	List the states with which a copy of this return is filed G NY.....		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....	90b	1,885
91 a	The books are in care of G MR. WAH-CHUNG HSU Telephone number G 718-963-7330 Located at G 374 STOCKHOLM STREET BROOKLYN NY ZIP + 4 G 11237.....		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	91b	X
If 'Yes,' enter the name of the foreign country G.....			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: **G** _____
Signature of officer Date _____
G WAH-CHUNG HSU, VICE PRESIDENT & CFO
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature G ANGELO PIROZZI, CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) P00446022
	Firm's name (or yours if self-employed), address, and ZIP + 4 G CHARLES A. BARRAGATO & CO. CPAS 950 THIRD AVENUE NEW YORK, NY 10022-2705	EIN G 11-3408584	Phone no. G (212) 371-4446	

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information (See separate instructions.)

2007

Department of the Treasury
Internal Revenue Service

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Employer identification number

WYCKOFF HEIGHTS MEDICAL CENTER

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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 13		1,301,365.	83,041.	0.
Total number of other employees paid over \$50,000..... G	239			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
STREAMLINE VM, INC. 861 PARK AVENUE BROOKLYN, NY 11206	ADMIN TECHNOLOGY	1,802,591.
MATTOO & BHAT DIALYSIS SERVICE 23-14 COLLEGE POINT BLVD. COLLEGE POINT, NY 11356	DIALYSIS	1,106,496.
CARDIOLOGY SERVICES P.C. 374 STOCKHOLM STREET BROOKLYN, NY 11237	CARDIOLOGY	932,313.
GLOBAL SCHOLARSHIP ALLIANCE 2535 SOLUTIONS CENTER CHICAGO, IL 60677-2005	NURSE STAFFING	596,192.
ROBERT P. RAGGI MD P.C. 8 BRAEMAR DRIVE ROCKAWAY, NJ 07866	MEDICAL SERVICES	571,837.
Total number of others receiving over \$50,000 for professional services..... G	31	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SODEXHO MARRIOTT SERVICES BOX 81049 WOBURN, MA 01813-1049	FOOD MGMT SVCS	1,973,890.
MOMENTUM RESOURCES SOLUTION 1090 KING GEORGE POST ROAD STE 804 EDISON, NJ 08837	HR MGMT SVCS	1,040,220.
HELPING HANDS CARE / STAFF BLUE PO BOX 190331 BROOKLYN, NY 11219	DAY CARE SERVICES	463,623.
CARDOSO R. ERICO 249 DEGRAW STREET BROOKLYN, NY 11231	NEUROSURGERY	450,000.
QUEST DIAGNOSTICS 7402 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LABORATORY	412,119.
Total number of other contractors receiving over \$50,000 for other services..... G	20	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. G \$ <u>35,474.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
SEE FORM 990, PART V				
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year. G			N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G			N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. G			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. G			0

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					G 0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 WYCKOFF HEIGHTS MEDICAL CENTER

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Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)....	N/A				
16 Membership fees received.....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....					
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....					
19 Net income from unrelated business activities not included in line 18.....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					
23 Total of lines 15 through 22.....					
24 Line 23 minus line 17.....					
25 Enter 1% of line 23.....					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24..... N/A.... G					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c
d Add: Amounts from column (e) for lines:					
18 _____ 19 _____					26d
22 _____ 26b _____					26e
e Public support (line 26c minus line 26d total)..... G					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines:					
15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total..... and line 27b total.....					27e
e Public support (line 27c total minus line 27d total)..... G					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A					

Schedule A (Form 990 or 990-EZ) 2007 WYCKOFF HEIGHTS MEDICAL CENTER

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Part V Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Schedule A (Form 990 or 990-EZ) 2007 WYCKOFF HEIGHTS MEDICAL CENTER

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)Check G a ☐ If the organization belongs to an affiliated group. Check G b ☐ If you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	
38	Total lobbying expenditures (add lines 36 and 37).....	38	0.
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table: If the amount on line 40 is ' The lobbying nontaxable amount is ' Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000.....	41	
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	0.
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount.....					0.
46 Lobbying ceiling amount (150% of line 45(e)).....					0.
47 Total lobbying expenditures.....					0.
48 Grassroots non-taxable amount.....					0.
49 Grassroots ceiling amount (150% of line 48(e)).....					0.
50 Grassroots lobbying expenditures.....					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers.....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.).....		X	
c Media advertisements.....		X	
d Mailings to members, legislators, or the public.....		X	
e Publications, or published or broadcast statements.....		X	
f Grants to other organizations for lobbying purposes.....	X		35,474.
g Direct contact with legislators, their staffs, government officials, or a legislative body.....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....		X	
i Total lobbying expenditures (add lines c through h.).....			35,474.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities. SEE STATEMENT 14

BAA

Schedule A (Form 990 or 990-EZ) 2007

Form **8868**

(Rev April 2007)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box G ☒

? If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension check this box and complete Part I only G ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	WYCKOFF HEIGHTS MEDICAL CENTER	11-1631837
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	374 STOCKHOLM STREET	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
BROOKLYN, NY 11237		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

? The books are in the care of G MR. WAH-CHUNG HSU

Telephone No. G 718-963-7330 FAX No. G

? If the organization does not have an office or place of business in the United States, check this box G ☐? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. G ☐. If it is for part of the group, check this box. G ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

G ☒ calendar year 20 07 orG ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2007)

Form 8868 (Rev 4-2007)

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? If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ G

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

? If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	WYCKOFF HEIGHTS MEDICAL CENTER	11-1631837
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	374 STOCKHOLM STREET	
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BROOKLYN, NY 11237	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

? The books are in care of G MR. WAH-CHUNG HSU

Telephone No. G 718-963-7330

FAX No. G

? If the organization does not have an office or place of business in the United States, check this box ☐ G

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ G . If it is for part of the group, check this box ☐ G and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/17, 2008.

5 For calendar year 2007, or other tax year beginning , 20 , and ending , 20 .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension . . . DUE TO UNFORESEEN DELAYS, THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE ON OR BEFORE THE DUE DATE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. 8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature G

Title G VICE PRESIDENT & CFO

Date G

Notice to Applicant. (To be Completed by the IRS)

<input type="checkbox"/>	We have approved this application. Please attach this form to the organization's return.
<input type="checkbox"/>	We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
<input type="checkbox"/>	We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
<input type="checkbox"/>	We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
<input type="checkbox"/>	Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	CHARLES A. BARRAGATO & CO. CPAS
	Number and street (include suite, room, or apartment number) or a P.O. box number
	950 THIRD AVENUE
	City or town, province or state, and country (including postal or ZIP code)
	NEW YORK, NY 10022-2705

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WYCKOFF HEIGHTS MEDICAL CENTER

11-1631837

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING / RECRUITMENT	285,139.	243,369.	41,770.	
AGENCY FEES	15,742.	13,436.	2,306.	
AMBULATORY SERVICES	3,001.	2,561.	440.	
BANK FEES	86,661.	73,966.	12,695.	
COLLECTION FEES	710,618.	606,521.	104,097.	
CONTRACT LABOR	2,554,423.	2,180,230.	374,193.	
DUES & SUBSCRIPTIONS	303,995.	259,463.	44,532.	
EDUCATION	29,962.	25,573.	4,389.	
INSURANCE	8,573,168.	7,317,299.	1,255,869.	
LICENSES AND PERMITS	345,281.	294,701.	50,580.	
MANAGEMENT CONSULTING FEES	1,694,558.	1,446,325.	248,233.	
MEDICAL & PHARMACEUTICAL SUPP	24,073,093.	20,546,667.	3,526,426.	
NURSING/PHYSICIAN FEES	35,531,111.	30,326,219.	5,204,892.	
OTHER GENERAL EXPENSES	14,248,439.	12,161,209.	2,087,230.	
OTHER MISCELLANEOUS COSTS	1,015,704.	866,915.	148,789.	
OTHER PROFESSIONAL FEES	3,548,485.	3,028,673.	519,812.	
OTHER SERVICE CONTRACTS	341,954.	291,862.	50,092.	
OUTSIDE LAB SERVICES	555,557.	474,174.	81,383.	
PATIENT TRANSPORTATION	88,096.	75,191.	12,905.	
PROVISION FOR BAD DEBTS	28,234,469.	28,234,469.		
PURCHASED SERVICES	37,491.	31,999.	5,492.	
RECRUITMENT EXPENSE	82,988.	70,831.	12,157.	
RENTAL EXPENSE	688,774.	587,877.	100,897.	
TEMPORARY HELP	2,849,374.	2,431,974.	417,400.	
TYPING/TRANSCRIPT/DATA PROCESS	14,989.	12,793.	2,196.	
UTILITIES	5,614,038.	4,791,647.	822,391.	
VEHICLE FUEL	21,037.	17,955.	3,082.	
TOTAL	<u>\$ 131,548,147.</u>	<u>\$ 116,413,899.</u>	<u>\$ 15,134,248.</u>	<u>\$ 0.</u>

STATEMENT 2
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MARKETABLE SECURITIES	MARKET VALUE	\$ 130,020.
	TOTAL	\$ 130,020.
PUBLICLY TRADED SECURITIES		<u>\$ 130,020.</u>

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STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 151517852.	\$ 117136989.	\$ 34,380,863.
BUILDINGS	91,133,472.	51,750,555.	39,382,917.
IMPROVEMENTS	1,706,176.	1,005,165.	701,011.
LAND	6,075,373.		6,075,373.
MISCELLANEOUS	3,232,551.	0.	3,232,551.
TOTAL	<u>\$ 253665424.</u>	<u>\$ 169892709.</u>	<u>\$ 83,772,715.</u>

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

ASSETS LIMITED AS TO USE.....	\$ 20,809,522.
DEFERRED FINANCING FEES.....	651,319.
DUE FROM THIRD-PARTY PAYORS.....	11,543,633.
OTHER LONG TERM ASSET.....	125,000.
OTHER NET RECEIVABLES.....	1,517,713.
TOTAL	<u>\$ 34,647,187.</u>

STATEMENT 5
FORM 990, PART IV, LINE 64A
TAX-EXEMPT BOND LIABILITIES

	BALANCE DUE
THIRD PARTY INFORMATION: DORMITORY AUTHORITY OF NYS	
ISSUE DATE: 1/01/1998	
OUTSTANDING ISSUE AMOUNT:	\$ 110,065,000.
MORTGAGE INFORMATION:	
MORTG. MATURITY DATE: VARIOUS	
INTEREST RATE: 5.10	
TOTAL	<u>\$ 110,065,000.</u>

STATEMENT 6
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: CAPITAL LEASE OBLIGATIONS	
BALANCE DUE:	\$ 4,757,959.
LENDER'S NAME: OTHER NOTES PAYABLE	
BALANCE DUE:	\$ 2,701,409.

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STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: DORMITORY AUTHORITY OF NYS
BALANCE DUE: \$ 813,333.
TOTAL \$ 8,272,701.

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED INTEREST PAYABLE..... \$ 2,150,662.
ACCRUED PENSION PAYABLE..... 2,317,967.
ACCRUED SALARIES AND RELATED WITHHOLDING..... 12,481,584.
DUE TO RELATED ORGANIZATIONS..... 7,769,137.
DUE TO THIRD PARTY PAYORS..... 22,574,573.
ESTIMATED PROFESSIONAL LIABILITIES..... 21,967,342.
TOTAL \$ 69,261,265.

STATEMENT 8
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
COOK, JOHN H. JR., ESQ. 20 EASTVIEW RD NEW FAIRFIELD, CT 06812	TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
D'ALESSANDRO, VITO J. MD 107 HAYES ST. GARDEN CITY, NY 11530	TRUSTEE 1.00	0.	0.	0.
FIGUEROA, ADAM 264 WYCKOFF AVE. BROOKLYN, NY 11237	TRUSTEE 1.00	0.	0.	0.
MODICA, EDMONDO, MD 374 STOCKHOLM ST BROOKLYN, NY 11237	TRUSTEE 1.00	0.	0.	0.
RODRIGUEZ, GLADYS 138 GEORGE ST. BROOKLYN, NY 11237	TRUSTEE 1.00	0.	0.	0.

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STATEMENT 8 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RUCIGAY, EMIL, J. ESQ 69-03 FRESH POND ROAD RIDGEWOOD, NY 11385	CHAIRMAN 1.00	\$ 0.	\$ 0.	\$ 0.
WAH-CHUNG HSU 374 STOCKHOLM ST BROOKLYN, NY 11237	TREASURER & CFO 35.00	350,000.	15,002.	0.
GIO, DOMINICK, J 374 STOCKHOLM ST BROOKLYN, NY 11237	PRESIDENT & CEO 35.00	0.	0.	0.
MCDONALD, HAROLD E. 374 STOCKHOLM ST BROOKLYN, NY 11237	SENIOR VP & COO 35.00	423,787.	12,667.	0.
RAO, A.C., MD 374 STOCKHOLM ST BROOKLYN, NY 11237	SNR VP - CMO 35.00	305,500.	20,500.	0.
TOWNS, EDOLPHUS (CONGRESSMAN) 1670 FULTON ST. BROOKLYN, NY 11213	TRUSTEE 1.00	0.	0.	0.
ARCURI, VINCENT 69-27 67TH ST. GLENDALE, NY 11385	TRUSTEE 1.00	0.	0.	0.
HALLER, FRED T. III, ESQ. 62-18 MYRTLE AVE. GLENDALE, NY 11385	TRUSTEE 1.00	0.	0.	0.
BERGER, LARRY 525 E. 68TH ST. NEW YORK, NY 10021	TRUSTEE 1.00	0.	0.	0.
CARILLO, EMILIO, MD 333E 38TH ST. NEW YORK, NY 10016	TRUSTEE 1.00	0.	0.	0.
COOK, VICTORIA, ESQ. 410 NEW YORK AVE. HUNTINGTON, NY 11743	TRUSTEE 1.00	0.	0.	0.
HOCHBERG, HERMAN 150 E. 69TH ST. NEW YORK, NY 10021	TRUSTEE 1.00	0.	0.	0.

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STATEMENT 8 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BOISSELLE, ANDREW 369 PALMETTO ST. BROOKLYN, NY 11237	TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
RUCIGAY, JOHN D., ESQ. 69-03 FRESH POND RD. RIDGEWOOD, NY 11385	TRUSTEE 1.00	0.	0.	0.
	TOTAL	\$ 1,079,287.	\$ 48,169.	\$ 0.

STATEMENT 9

FORM 990, PART VI, LINE 80B

RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
BROOKLYN QUEENS HEALTH CARE	X	
CARITAS HEALTH CARE, INC.	X	
PREFERRED HEALTH VENTURES PHARMACY		X
PREFERRED HEALTH VENTURES PLACEMENT		X
PREFERRED HEALTH VENTURES PROPERTIES		X
STOCKHOLM OBSTETRICS & GYNECOLOGICAL SER	X	
WYCKOFF ANESTHESIA MEDICAL SERVICES, PC	X	
WYCKOFF EMERGENCY MEDICINE SERVICES PC		X
WYCKOFF FAMILY MEDICAL SERVICES PC		X
WYCKOFF HEIGHTS DENTAL SERVICES, PC	X	
WYCKOFF HEIGHTS MEDICAL CNTR FOUNDATION	X	
WYCKOFF IMAGING SERVICES, PC		X
WYCKOFF MEDICAL SERVICES, PC	X	
WYCKOFF NEONATAL SERVICES, PC	X	
WYCKOFF ORTHOPEDIC, PC	X	
WYCKOFF PRACTICE MANAGEMENT CORP.		X

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STATEMENT 10
FORM 990, PART VII, LINE 103
OTHER REVENUE

OTHER REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
BIOTERRORISM DRILL FUND			3	\$ 10,000.	
CONTINUING MEDICAL ED.			3	17,800.	
LAB REVENUES	621500	\$ 1,309,064.	8		
MEDICAL ABSTRACT FEES			3	24,830.	
MEDICAL TRANSPORTATION			3	9,336.	
MISCELLANEOUS				145,028.	
NUTRITION					\$ 212,468.
PHYSICIAN BILLINGS					14,951,429.
REAL ESTATE TAX REFUND			1	81,793.	
REBATE AND REFUND			1	422,413.	
REFUND OF CIR BENEFIT ESC			3	475,826.	
RESIDENT TRAINING					5,941,545.
SECURITY SYSTEM FUNDING			1	260,092.	
VHA, INC.			1	69,859.	
TOTAL		<u>\$ 1,309,064.</u>		<u>\$ 1,516,977.</u>	<u>\$ 21,105,442.</u>

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	NET PATIENT SERVICE REVENUE DERIVES FROM THE PROVISION OF MEDICAL SERVICES TO THE COMMUNITY. PATIENT PAYMENTS ARE EXEMPT FUNCTION INCOME.
103B	THESE ARE ANCILLARY FEES RECEIVED FOR PROVIDING HEALTH CARE SERVICES WHICH IS AN EXEMPT FUNCTION OF THE MEDICAL CENTER.
103B	THESE ARE TRAINING FEES RECEIVED FOR PROVIDING HEALTH CARE SERVICES, WHICH IS AN EXEMPT FUNCTION OF THE MEDICAL CENTER.

STATEMENT 12
FORM 990, PART IX
INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY	% OF OWNER INT.	NATURE OF ACTIVITIES	TOTAL INCOME	END OF YEAR ASSETS
PHV PHARMACY, INC. 374 STOCKHOLM ST. BROOKLYN, NY 11237 11-2974935	100.00%	INACTIVE	0.	0.
PREFERRED HEALTH PLACEMENT 374 STOCKHOLM ST. BROOKLYN, NY 11237	100.00%	INACTIVE	0.	0.

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STATEMENT 12 (CONTINUED)
FORM 990, PART IX
INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME, ADDRESS AND EIN OF CORPORATION, PARTNERSHIP, OR DISREGARDED ENTITY	% OF OWNER INT.	NATURE OF ACTIVITIES	TOTAL INCOME	END OF YEAR ASSETS
11-2973953				
PREFERRED HEALTH PROPERTIES 374 STOCKHOLM ST. BROOKLYN, NY 11237 11-2974963	100.00%	INACTIVE	0.	0.

STATEMENT 13
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
ZARGHAMI, FARAMARZ 374 STOCKHOLM ST. BROOKLYN, NY 11237	PHYSICIAN 35.00	249,999.	20,500.	0.
ERACHSHAW, PERCY A 374 STOCKHOLM ST. BROOKLYN, NY 11237	ASSOC. DIRECTOR 35.00	311,367.	15,002.	0.
BILENKO, ARKADY 374 STOCKHOLM ST. BROOKLYN, NY 11237	DIRECTOR 35.00	289,999.	15,500.	0.
ZENETOS, PANAGIOTIS 374 STOCKHOLM ST. BROOKLYN, NY 11237	DIRECTOR 35.00	230,000.	11,539.	0.
MIR, MOHAMMAD A 374 STOCKHOLM ST. BROOKLYN, NY 11237	ASSOC. DIRECTOR 35.00	220,000.	20,500.	0.
TOTAL		<u>\$1,301,365.</u>	<u>\$ 83,041.</u>	<u>\$ 0.</u>

STATEMENT 14
SCHEDULE A, PART VI-B, LINE I
DESCRIPTIONS OF THE LOBBYING ACTIVITIES

WYCKOFF HEIGHTS MEDICAL CENTER PAYS DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) AND THE HEALTHCARE ASSOCIATION OF NEW YORK STATE (HANYs). IN ACCORDANCE WITH CODE SECTION 6033 (E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY GNYHA AND HANYs, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE LOBBYING ACTIVITIES APPLICABLE TO 2007 GNYHA AND HANYs ANNUAL DUES WAS \$22,937 AND \$12,537 RESPECTIVELY.

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007 <div style="border: 1px solid black; padding: 2px; text-align: center;">Open to Public Inspection</div>
1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) <u>1/01</u> / 2007 and ending (mm/dd/yyyy) <u>12/31/2007</u>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <div style="border: 1px solid black; padding: 2px;">WYCKOFF HEIGHTS MEDICAL CENTER</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Number and street (or P.O. box if mail is not delivered to street address)</div> <div>Room/suite</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>City or town, state or country and zip + 4</div> <div></div> </div> <div style="border: 1px solid black; padding: 2px;">374 STOCKHOLM STREET BROOKLYN, NY 11237</div>	d. Fed. employer ID no. (EIN) (##-####-####) <div style="border: 1px solid black; padding: 2px;">11-1631837</div> e. NY State registration no. (##-##-###) <div style="border: 1px solid black; padding: 2px;">10-70-10</div> f. Telephone number <div style="border: 1px solid black; padding: 2px;">(718) 963-7330</div> g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	A	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;">Signature</div> <div style="border-bottom: 1px solid black; width: 40%;">Printed Name</div> <div style="border-bottom: 1px solid black; width: 15%;">Title</div> <div style="border-bottom: 1px solid black; width: 5%;">Date</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>WAH-CHUNG HSU</div> <div>VICE PRESIDENT & CF</div> </div>
b. Chief Financial Officer or Treasurer	A	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;">Signature</div> <div style="border-bottom: 1px solid black; width: 40%;">Printed Name</div> <div style="border-bottom: 1px solid black; width: 15%;">Title</div> <div style="border-bottom: 1px solid black; width: 5%;">Date</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>WAH-CHUNG HSU</div> <div>CFO</div> </div>

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> If total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> If total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> * If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)?	Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> * If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ <u>25.</u>
b. EPTL filing fee	\$ <u>0.</u>
c. Total fee	\$ <u>25.</u>
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments	A
- Mail completed form with <i>required schedules, fee and attachments</i> to the address at the top of this page -	

WYCKOFF HEIGHTS MEDICAL CENTER

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Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

[illegible]

WYCKOFF HEIGHTS MEDICAL CENTER

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5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
? Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
? EPTL	Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.
? Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

☒ IRS Form 990

☐ IRS Form 990-EZ

☐ IRS Form 990-PF

☒ Schedule A to IRS Form 990

☐ Schedule A to IRS Form 990-EZ

☐ Schedule B to IRS Form 990-PF

☐ Schedule B to IRS Form 990

☐ Schedule B to IRS Form 990-EZ

☐ Schedule B to IRS Form 990-PF

☒ IRS Form 990-T

☐ IRS Form 990-T

☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

Form 990-T Department of the Treasury Internal Revenue Service (77)		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2007 or other tax year beginning _____, 2007, and ending _____, 2007. G See separate instructions.		OMB No. 1545-0687 2007 Open to Public Inspection / or 501(c)(3) Organizations Only	
A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)		Print or Type WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM STREET BROOKLYN, NY 11237		D Employer identification number (Employees' trust, see instructions for Block D.) 11-1631837 E Unrelated business activity codes (See instructions for Block E.) 621500	
C Book value of all assets at end of year 174,038,649.		F Group exemption number (See instructions for Block F.). G G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Describe the organization's primary unrelated business activity. G LAB FEES					
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? G <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation. . . . G					
J The books are in care of G MR. WAH-CHUNG HSU Telephone number G 718-963-7330					
Part I Unrelated Trade or Business Income					
		(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sales.					
b Less returns and allowances. c Balance. G		1c			
2 Cost of goods sold (Schedule A, line 7)		2			
3 Gross profit. Subtract line 2 from line 1c		3			
4a Capital gain net income (attach Schedule D).		4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).		4b			
c Capital loss deduction for trusts		4c			
5 Income (loss) from partnerships and S corporations (attach statement)		5			
6 Rent income (Schedule C).		6			
7 Unrelated debt-financed income (Schedule E)		7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)		9			
10 Exploited exempt activity income (Schedule I)		10			
11 Advertising income (Schedule J)		11			
12 Other income (See instructions; attach schedule.)					
SEE STATEMENT 1		12	1,309,064.		1,309,064.
13 Total. Combine lines 3 through 12.		13	1,309,064.	0.	1,309,064.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14 Compensation of officers, directors, and trustees (Schedule K)		14			
15 Salaries and wages.		15			
16 Repairs and maintenance		16			
17 Bad debts		17			
18 Interest (attach schedule).		18			
19 Taxes and licenses		19			
20 Charitable contributions (See instructions for limitation rules.)		20			
21 Depreciation (attach Form 4562).		21			
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23 Depletion		23			
24 Contributions to deferred compensation plans		24			
25 Employee benefit programs.		25			
26 Excess exempt expenses (Schedule I).		26			
27 Excess readership costs (Schedule J).		27			
28 Other deductions (attach schedule). SEE STATEMENT 2		28	1,302,367.		
29 Total deductions. Add lines 14 through 28.		29	1,302,367.		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.		30	6,697.		
31 Net operating loss deduction (limited to the amount on line 30). SEE STATEMENT 3		31	5,556.		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.		32	1,141.		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).		33	1,000.		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.		34	141.		

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <input type="checkbox"/> G <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 G 35c 21.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) G 36	
37 Proxy tax. See instructions G 37	
38 Alternative minimum tax 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 21.	

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see instructions) 40b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) G 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e 0.	
41 Subtract line 40e from line 39 41 21.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 21.	
44a Payments: A 2006 overpayment credited to 2007 44a 2,691.	
b 2007 estimated tax payments 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other Total... G 44g	
45 Total payments. Add lines 44a through 44f 45 2,691.	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached G <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed G 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid G 48 2,670.	
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax G 2,670. Refunded G 49 0.	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ... G	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year G \$ 0.		

Schedule A Cost of Goods Sold. Enter method of inventory valuation G

1 Inventory at beginning of year 1	6 Inventory at end of year 6
2 Purchases 2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
3 Cost of labor 3	
4a Additional section 263A costs (attach schedule) 4a	
b Other costs (attach sch) 4b	
5 Total. Add lines 1 through 4b 5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? X

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

G Signature of officer Date G VICE PRESIDENT & C Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature G ANGELO PIROZZI, CPA Date

Firm's name (or yours if self-employed), address, and ZIP code G CHARLES A. BARRAGATO & CO. CPAS
950 THIRD AVENUE
NEW YORK, NY 10022-2705

Check if self-employed ☐ Preparer's SSN or PTIN P00446022

EIN 11-3408584

Phone no. (212) 371-4446

BAA

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Schedule C Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... G		Total deductions. Enter here and on page 1, Part I, line 6, column (B).... G

Schedule E Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals..... G			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8..... G				

Schedule F Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	
Totals.....					

Form 990-T (2007) WYCKOFF HEIGHTS MEDICAL CENTER

11-1631837

Page 4

Schedule G Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals.....	G			Enter here and on page 1, Part I, line 9, column (B).

Schedule I Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals.....	G	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Schedule J Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).....	G					

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I.....						
Totals, Part II (lines 1-5).....	G	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).			Enter here and on page 1, Part II, line 27.

Schedule K Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14.....			G

Form **8868**

(Rev April 2007)

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

GFile a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box G ☒

? If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension * check this box and complete Part I only. G ☒

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	WYCKOFF HEIGHTS MEDICAL CENTER	11-1631837
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	374 STOCKHOLM STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BROOKLYN, NY 11237	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

? The books are in the care of G MR. WAH-CHUNG HSUTelephone No. G 718-963-7330 FAX No. G _____? If the organization does not have an office or place of business in the United States, check this box G ☐? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. G ☐. If it is for part of the group, check this box. G ☐ and attach a list with the names and EINs of all members the extension will cover.1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 11/17, 20 08, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

G ☒ calendar year 20 07 orG ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	21.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	2,691.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2007)

2007

FEDERAL STATEMENTS

PAGE 1

WYCKOFF HEIGHTS MEDICAL CENTER

11-1631837

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

LAB REVENUES.....	\$ 1,309,064.
TOTAL	<u>\$ 1,309,064.</u>

STATEMENT 2
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

LAB SUPPLIES.....	\$ 1,302,367.
TOTAL	<u>\$ 1,302,367.</u>

STATEMENT 3
FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
12/31/03	\$ 29,291.	\$ 27,985.	\$ 1,306.
12/31/05	4,250.	0.	4,250.
TOTAL NET OPERATING LOSS DEDUCTION.....			<u>\$ 5,556.</u>

2007 CT-13

New York State Department of Taxation and Finance

Staple forms here

Unrelated Business Income

Amended
Return

Z

Tax Return

Tax Law Article 13

All filers enter tax period:

beginning 01-01-07

ending 12-31-07

Employer identification number 11-1631837	File number 7	Business telephone number (718) 963-7330	If you claim an overpayment, mark an X in the box X
Legal name of corporation WYCKOFF HEIGHTS MEDICAL CENTER		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation NEW YORK	Date received (for Tax Department use only)
Number and street or PO box 374 STOCKHOLM STREET		Date of incorporation	
City BROOKLYN, NY 11237	State NY	ZIP code 11237	
NAICS business code number (from federal return) 621500	If address above is new, enter an X in the box Z	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the Need help? section of the instructions.	
Principal unrelated business activity LAB FEES		Audit (for Tax Department use only)	

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes **X** No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A Pay amount shown on line 22. Make check payable to: <i>New York State Corporation Tax</i>	7	Payment enclosed
Attach your payment here. Detach all check stubs. (see instructions for details.)	7	A.

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1.	5,697.
2 New York State Article 13 tax deducted on federal return	2.	
3 Additions required for shareholders of federal S corporations (see instructions)	3.	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4.	
5 Other additions (see instructions)	5.	
6 Add lines 1 through 5	6.	5,697.
7 Other income (see instructions)	7.	
8 Federal S corporation shareholders subtractions (see instructions)	8.	
9 Other subtractions (see instructions)	9.	
10 Total subtractions (add lines 7, 8, and 9)	10.	0.
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11.	5,697.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12.	
13 Taxable income (subtract line 12 from line 11)	13.	5,697.
14 Allocated taxable income (multiply line 13 by $\frac{\text{line 13}}{\text{line 13}}$ from line 42; or enter amount from line 13 if allocation is not claimed)	7 14.	5,697.
15 Tax based on income (multiply line 14 by 9% (.09))	15.	513.
16 Minimum tax	16.	250.
17 Tax (line 15 or line 16, whichever is larger)	7 17.	513.
18 Total prepayments from line 46	7 18.	1,019.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19.	
20 Interest on late payment (see instructions)	7 20.	
21 Late filing and late payment penalties (see instructions)	7 21.	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	7 22.	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	7 23.	506.
24 Amount of overpayment on line 23 to be credited to next year	7 24.	506.
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	7 25.	

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WYCKOFF HEIGHTS MEDICAL CENTER

11-1631837

Have you been audited by the Internal Revenue Service in the past 5 years? Yes ☐ No ☒ If Yes, list years: _____Federal return was filed on: 990T ☒ Other: _____ Attach a complete copy of your federal return.**Schedule A Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

	A New York State	B Everywhere
Average value of:		
26 Real estate owned (see instructions)	26.	
27 Gross rents (attach list; see instr.)	27.	
28 Inventories owned	28.	
29 Other tangible personal property owned (see instructions)	29.	
30 Total (add lines 26 through 29)	30.	
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31.	%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32.	
33 All sales of tangible personal property	33.	
34 Services performed	34.	
35 Rentals of property	35.	
36 Other business receipts	36.	
37 Total (add lines 32 through 36)	37.	
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38.	%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39.	
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40.	%
41 Total of New York State percentages (add lines 31, 38 and 40)	41.	%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42.	%

Composition of prepayments claimed on line 18*

	Date Paid	Amount
43 Payment with extension request, Form CT-5, line 5.	43.	
44a Second installment from Form CT-400	44a.	
44b Third installment from Form CT-400	44b.	
44c Fourth installment from Form CT-400	44c.	
45 Amount of overpayment credited from prior years	45.	1,019.
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46.	1,019.

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments.
If you did make these unrequired payments, please report them on lines 44a, 44b, and 44c.

Third - party designee	Do you want to allow another person to discuss this return with the Tax Department? (see instructions.) Yes <input checked="" type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number	Personal identification number (PIN)
	PREPARER		

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person		Official title	Date
		VICE PRESIDENT & CFO	
Paid preparer use only	Signature of individual preparing this return	Firm's name (or yours if self-employed)	
	ANGELO PIROZZI, CPA	CHARLES A. BARRAGATO & CO. CPAS	
	Address 950 THIRD AVENUE NEW YORK, NY 10022-2705	ID number 11-3408584	Date

NYVA9712L 08/07/07

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Staple forms here

2007 CT-5

New York State Department of Taxation and Finance
Request for Six-Month Extension to File
(for franchise/business taxes, MTA surcharge, or both)
Tax Law Articles 9A, 13, 32, and 33

All filers must enter tax period

Employer identification number

File number

Business telephone number

beginning

1-01-07

ending

12-31-07

Z 11-1631837

Z (718) 963-73

Legal name of corporation

WYCKOFF HEIGHTS MEDICAL CENTER

Trade name/DBA

Mailing name (if different from legal name) and address

c/o

Number and street or PO box

374 STOCKHOLM STREET

City

BROOKLYN, NY 11237

State ZIP code

State or country of incorporation

NEW YORK

Date of incorporation

Date received (for Tax Department use only)

Foreign corporations: date began business in NYS

Audit use

If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95.
If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See Need Help? in the instructions.

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an X in both boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file both returns.

	Article 9-A	Article 13	Article 32	Article 33
CT-3 Z				CT-33 Z
or	CT-3M/4M Z	CT-13 Z X	CT-32 Z	CT-33-M Z
CT-4 Z			CT-32-M Z	CT-33-C Z
				CT-33-NL Z
A. Pay amount shown on line 11. Make check payable to: <i>New York State Corporation Tax</i>	Payment enclosed			
1 Attach your payment here. Detach all check stubs. (See instructions for details.)	Z A.			
Computation of estimated franchise tax				
1 Franchise tax from the worksheet in the instructions.....	Z	1.		1.
2 First installment of estimated tax for the next tax year (see instructions).....	Z	2.		
3 Total franchise tax and first installment (add lines 1 and 2).....	Z	3.		1.
4 Prepayments of franchise tax (from line 16, column A).....	Z	4.		1,019.
5 Balance due * franchise tax (subtract line 4 from line 3).....	Z	5.		0.
Computation of estimated MTA surcharge				
6 MTA surcharge from the worksheet in the instructions.....	Z	6.		
7 First installment of estimated MTA surcharge for the next tax year (see instructions)....	Z	7.		
8 Total MTA surcharge and first installment (add lines 6 and 7).....	Z	8.		
9 Prepayments of MTA surcharge (from line 16, column B).....	Z	9.		
10 Balance due * MTA surcharge (subtract line 9 from line 8).....	Z	10.		
11 Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above).....		11.		0.

Composition of prepayments * Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A Franchise tax	B MTA surcharge
12 Mandatory first installment.....	12.		
13a Second Installment from Form CT-400.....	13a.		
13b Third installment from Form CT-400.....	13b.		
13c Fourth installment from Form CT-400.....	13c.		
14 Overpayment credited from prior years.....	14.	1,019.	
15 Overpayment credited from Form CT-.....	15.		
16 Total prepayments (total all entries in column A and column B).....	16.	1,019.	

Signature of individual preparing this document

ANGELO PIROZZI, CPA

Firm's name (or yours if self-employed)

CHARLES A. BARRAGATO & CO. CPAS

Address 950 THIRD AVENUE

City

NEW YORK, NY 10022-2705

State ZIP Code

ID number

Z 11-3408584

Date

See instructions for where to file

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